

PSJ2 Exh 60

From: Lynch, Morgan
To: Gettier, Jacob
CC: Newbould, Bill; Melloy, Deanne; Travers, Debbie; Tell, Ed; Frank Cotugno; McLaughlin, Jerry; Lynch, Morgan; Gossett, Mark; Mark Klitenik; Marlene Molinoff; Phillips, Fiona; RGilbert; Rodney Sexton; Rubina Ismail; Silverwood, Katherine; Gagnon, Tom; Tony Pisciotta; Waterman, Michael
Sent: 2/1/2006 3:10:40 PM
Subject: Endo News of Interest 2.1.06

Good morning Jacob,
 Today's media monitoring identified the following news of interest:

Competitor News

- **Business Wire** (1/31) "FDA Accepts IND for Elite Pharmaceuticals Once-Daily Oxycodone Product; Company's Second IND Acceptance in Pain Management" *Please note this press release from Elite Pharmaceuticals discusses the FDA's acceptance of Elite's Investigational New Drug application for its once-daily oxycodone product, traded-named OxyQD(TM). Under the IND for OxyQD(TM), Elite will initiate its developmental program by conducting a pilot Phase I study using its sustained release formulation. The study will evaluate the extent of absorption of oxycodone from OxyQD(TM) compared to a current commercial oxycodone product, OxyContin(R), which is a twice-a-day opioid product.

Industry News

- **FoxNews.com** (2/1) "The Pain Truth: How and Why We Hurt" *Please note this article discusses pain as an American epidemic. However, the numbers and a solid definition are difficult to confirm. The article attempts to define pain, and the different types of pain and treatments available.
- **New York Sun** (2/1) "Dangerous Disease" *Please note this editorial discusses Merck's Vioxx case and how lawyers have ultimately scared Merck into removing a promising drug from the market. The article notes the amount of recent research that has investigated whether drugs like Vioxx can be used for many conditions beyond the arthritis they were originally marketed to treat, including cancer.
- **Cleveland Plain Dealer** (2/1) "10% of Ohioans Say They Suffer Chronic Pain Conditions" *Please note this article discusses a study from the Ohio Pain Initiative and funded by Purdue Pharma which showed that 10 percent of Ohioans have a medically diagnosed chronic pain condition, most of whom are not receiving satisfactory treatment. The survey of 100 people cited the top pain conditions as arthritis, back pain, knee pain and fibromyalgia.
- **PR Newswire** (2/1) "National Survey Finds Nearly Half of Public Unaware Prescription Painkiller Abuse is as Harmful as Using Heroin" *Please note this press release from Reckitt Benckiser Pharmaceuticals discusses their national survey of more than 1,500 people which provides an in-depth look at how Americans view opioid addiction and its treatments. The survey reveals roughly half (46%) of the respondents do not understand that prescription opioid painkiller abuse is as harmful as heroin abuse in terms of how it affects the body. The significance of the public's misunderstanding is underlined by another major survey finding -- nearly 4 in 10 Americans (37%) surveyed know someone personally who has abused opioid painkillers.

Please find a copy of these articles and press releases below. If you have any questions, please contact us at 212-798-9700.

FDA Accepts IND for Elite Pharmaceuticals Once-Daily Oxycodone Product; Company's Second IND Acceptance in Pain Management

1/31/06
Business Wire

The FDA has accepted Elite Pharmaceuticals, Inc.'s ("Elite" or the "Company") (Amex: ELI) Investigational New Drug ("IND") application for its once-daily oxycodone product, traded-named OxyQD(TM). OxyQD(TM) utilizes Elite's proprietary sustained release technology. Currently there is no once-daily oxycodone on the market. The annual U.S. market for sustained release, twice-daily oxycodone was approximately U.S. \$2 billion as of the end of September 2005.

Under the IND for OxyQD(TM), which was submitted for FDA review in late December 2005, Elite will initiate its developmental program by conducting a pilot Phase I study using its sustained release formulation. The study will evaluate the extent of absorption of oxycodone from OxyQD(TM) compared to a current commercial oxycodone product, OxyContin(R), which is a twice-a-day opioid product. Elite's technology for once-a-day oxycodone is protected by a patent pending.

This is the second IND approval for Elite within the past twelve months. The first IND, accepted by the FDA in the second quarter of 2005, was for Elite's opioid abuse resistant product, OxyNal(TM). Under the OxyNal(TM) IND, Elite recently announced positive results for a clinical trial demonstrating that Elite's proprietary technology for its abuse resistant product performs as intended.

"This is another important step forward and a significant milestone in the process of becoming a leader in the development and manufacture of a new generation of pain management opioid drug products," commented chairman and chief executive officer, Bernard Berk. "By providing a once-daily oxycodone, we will be offering the medical practitioner practical alternatives to treat and manage moderate to severe chronic pain which addresses a large unmet medical need. The acceptance of our IND for a once-daily oxycodone, coupled with the positive clinical trial results for our abuse resistant oxycodone OxyNal(TM), are significant technical achievements for Elite. Regulators are encouraging researchers to find solutions to the growing problem of opioid abuse and diversion in this country and provide better, safer, and abuse-resistant pain management drug products. We believe we have the right solution and the best approach in making a difference in the lives of patients who are legitimately seeking pain relief."

About Elite Pharmaceuticals

Elite Pharmaceuticals is a specialty pharmaceutical company principally engaged in the development of oral, controlled release products. The Company's strategy includes developing generic versions of controlled release drug products with high barriers to entry and assisting partner companies in the life cycle management of products to improve off-patent drug products. Elite's technology is applicable to develop delayed, sustained or targeted release capsules or tablets. Elite has one product currently being sold commercially and a pipeline of eight drug products under development in the therapeutic areas that include pain management, allergy, cardiovascular and infection. The addressable market for Elite's current pipeline of products exceeds \$4.25 billion. Elite also has a GMP and DEA registered facility for research, development, and manufacturing located in Northvale, NJ.

This news release contains forward-looking statements, including those related to the preliminary nature of the clinical program results and the potential for further product development, that involve known and unknown risks, delays, uncertainties and other factors not under the control of Elite or Crit, which may cause actual results, performance or achievements of the companies to be materially different from the results, performance or other expectations implied by these forward-looking statements. In particular, because substantial future testing will be required prior to approval, the results described above may not be supported by additional data or by the results of subsequent trials. These risks and other factors, including the timing or results of pending and future clinical trials,

regulatory reviews and approvals by the Food and Drug Administration and other regulatory authorities, and intellectual property protections and defenses, are discussed in the Elite's filings with the Securities and Exchange Commission such as the 10K, 10Q and 8K reports. The companies undertake no obligation to update any forward-looking statements.

Contact Investor Relations: The Investor Relations Group John Nesbett/Antima "Taz" Sadhukhan 212-825-3210 or For Elite Pharmaceuticals, Inc. Dianne Will, Investor Relations 518-398-6222 dwill@willstar.net www.elitepharma.com

The Pain Truth: How and Why We Hurt

2/1/06

FoxNews.com

Robert Roy Britt

Some 50 million U.S. residents live with chronic pain, experts estimate. Pain forces an estimated 36 million of them to miss work every year and results in roughly 70 million doctor visits.

Yet scientists know very little about how pain works. They can't even agree on a definition.

They do agree it's a huge problem.

"Pain is a silent epidemic in the United States," says Kathryn Weiner, director of the American Academy of Pain Management.

Real numbers are hard to get at. A Gallup poll done in 2000 found that 80 percent of American believe pain is part of getting old, and 64 percent said they'd see a doctor only if their pain became unbearable.

More than a quarter of them figured there was no solution to their pain.

"Pain has significant impact on the pain sufferer and their family," Weiner says. Pain and its treatment "represents a major problem confronting our modern culture."

What is pain?

If you suffer chronic pain, you'll probably find little solace in the fact that doctors and scientists don't understand it very well, and that just popping an aspirin is clearly far from a cure-all.

In fact, experts can't even agree on what pain is.

"Pain is complex and defies our ability to establish a clear definition," Weiner says. "Pain is far more than neural transmission and sensory transduction. Pain is a complex mixture of emotions, culture, experience, spirit and sensation."

The American Academy of Pain Medicine isn't much help, either.

In its online FAQ, under the heading "What is pain?", you'll find this answer: "It is an unpleasant sensation and emotional response to that sensation."

There are several ways to define pain, however, and knowing which you have is important for considering how to treat it.

What we know

One way to divide pain (and perhaps conquer it) is to distinguish between acute pain and chronic pain, explains Sally Lawson, a professor of physiology at the University of Bristol in England.

Acute pain is what you get when you hit your thumb with a hammer, should you choose to do so. You can also achieve it with a twisted knee or a burn.

Chronic pain is long-term, continuous and far more frustrating. It can result from physical injury, viral infections of the nerve or arthritic damage to joints and degeneration of bones, Lawson writes.

Scientists also distinguish between evoked pain (use the hammer on your thumb to demonstrate this type) and the spontaneous variety, for which there is no obvious external cause.

One type of chronic pain, called neuropathic pain, results from damaged nerves rather than the original injury. However, recent research by Lawson and a colleague suggests this pain may sometimes be transmitted by undamaged nerves.

Not so simple

If it were all that simple, pain probably wouldn't hurt so much. But there's a lot more to it.

"Acute pain is usually evoked, but chronic pain can be evoked or spontaneous," Lawson explains. "Chronic pain often includes spontaneous pain, and spontaneous pain may be ongoing, unpleasant, often burning pain, or it can be an intermittent sharp stabbing or shooting pain, or both."

And that's just the half of it. There are other ways to define and discuss pain.

Meanwhile, scientists are getting closer to understanding the nature of pain by analyzing the types of nerve fibers involved in its transmission, how the signals get to your brain and how the information is processed.

Nerves in the body serve to warn us when something is acutely dangerous, such as a hot surface, or when our body needs rest or repair. And yes, sometimes those nerves just seem to annoy.

Thousands of pain-sensing nerve endings can be packed into tiny spaces in your fingers, between the vertebrae of your back and just about everywhere else.

There are several types of nerves that sense cold, warmth, pressure, pain and more. The nerves that sense and transmit pain are called nociceptors (pronounced no-sih-SEP-turs). There are more in your fingers and toes, where injury is more likely, than in other parts of your body.

Nociceptors transmit electrical signals to your spinal column. When the cause of pain gets stronger, they fire more rapidly and intensely.

Thinking about it

In the spinal cord, the electrical pain signals trigger release of chemicals called neurotransmitters, which activate other nerve cells that process and transmit the information to the brain.

Important decisions occur in the spinal column: Acute pain, such as from touching a hot surface, raises a red flag and is routed to the brain immediately. Weaker messages are given less priority so that you don't overreact to a minor scrape.

The type of pain you feel — acute or chronic — probably depends in part on the type of nociceptive fiber that is sends the initial signal, according to Lawson.

"The larger fibers convey electrical impulses very rapidly to the brain, and are thought to cause sharp pricking pain," she writes, "while the very fine fibers cause ongoing burning, very unpleasant sometimes called 'unbearable' pain" because of its persistence.

Pain signals are processed in the brain's thalamus, a sort of switching station. The thalamus forwards the message to three places:

— Somatosensory cortex (physical sensation)

— Limbic system (emotional feeling)

— Frontal cortex (limbic system)

The brain can do more than just initiate a quick retreat from the source of pain. It might signal nerve cells to release painkillers, such as endorphins.

Chronic pain, for which there is often no obvious source, is often more complex and poorly understood. It's generally defined as pain that lasts more than six months.

Researchers at the Mayo Clinic in Rochester, Minn., say chronic pain, which might result from inflammation, can be amplified and distorted like music turned up beyond a speaker's capability, causing pain out of proportion to the source.

Beyond that, however, they and other researchers admit many types of chronic pain are poorly understood.

What to do

Only specialists can give proper advice for individual conditions. But all agree that curing chronic pain requires a proactive approach on the part of the sufferer.

Educate yourself, they say, and seek advice of multiple experts. And don't rely on outdated advice.

Many people figure pills are the best way to alleviate chronic pain. But exercise can be an important aspect to treatment.

"Years ago, people who were in pain were told to rest," says Edward Laskowski, a rehabilitation specialist and co-director of the Sports Medicine Center at the Mayo Clinic. "But now we know the exact opposite is true. When you rest, you become deconditioned — which may actually contribute to chronic pain."

Dangerous Disease

2/1/06

New York Sun

Editorial

The tort bar can boast of only limited success in its assault on Merck in the Vioxx sweepstakes, but the lawyers have undoubtedly succeeded at one thing - scaring the pharmaceutical giant into removing a promising drug from the market. With a fourth Vioxx trial now underway, the contrast between tort greed and the public good couldn't be any clearer, underscored by the release this week of a study suggesting that Vioxx and other so-called Cox-2 inhibitors, like Celebrex, could be effective at helping to prevent breast cancer.

The study, conducted by three researchers at the Ohio State University College of Medicine and Public Health, found that women who used a Cox-2 drug for two years reduced their risk of developing breast cancer by an average of 71%. Patients who took 25 milligrams of Vioxx every day reduced their risk by 64%, while patients who took 200 mg of Celebrex cut their risk by 83%. Patients who took regular doses of older, less potent nonsteroidal anti-inflammatory drugs like ibuprofen and naproxen (the active ingredient in Aleve) also enjoyed some risk reduction, but the results were less dramatic and patients needed to take the medicines for a longer period. The study was funded by grants from Pfizer, which manufactures Celebrex, and by the National Cancer Institute.

This latest study is another link in a lengthening chain of research investigating whether drugs like Vioxx can be used for many conditions beyond the arthritis they were originally marketed to treat. Some of the most promising research has been in the field of cancer prevention. The drugs work by blocking a particular enzyme that causes inflammation but that is also linked to some cancer cells. Almost from the time the Cox-2 inhibitors were developed, scientists have been exploring their ability to prevent tumors. The cardiac risks of Vioxx itself first became clear in a study that was actually investigating whether the drug can protect against colon cancer.

Researchers are still debating whether Cox-2 drugs are more dangerous than older drugs or whether instead the older drugs turn out to be more dangerous than anyone had realized. But in our lawsuit-happy day and age, Merck executives apparently decided that they couldn't take the risk and pulled Vioxx from the pharmacy shelves. Now thousands of lawsuits threaten the company and drag on its bottom line, contributing to massive downsizing.

Meantime, researchers continue uncovering signs of benefits that could be worth the cardiac risk for some patients. It's a common phenomenon in medicine. Even thalidomide, infamous for causing birth defects when administered to pregnant women for morning sickness in the 1950s and 1960s, has been found effective against leprosy and multiple myeloma, a type of cancer, and is now legal in America under tight controls. Thanks to the tort-bar culture, Vioxx is no longer available to arthritis patients who needed a treatment that wouldn't cause ulcers, and other Cox-2 drugs like Celebrex are under a litigation cloud. The latest research on the additional potential benefits of these medicines for women living in fear of breast cancer only highlights how dangerous trial lawyers are to Americans' health.

10% of Ohioans Say They Suffer Chronic Pain Conditions

2/1/06

Cleveland Plain Dealer

One reason chronic pain often is undertreated is prescribers are wary of abuse of powerful painkillers such as OxyContin.

That's the take of Debra Heidrich of the Ohio Pain Initiative. The nonprofit advocacy and education group released the results of a survey - financed by OxyContin maker Purdue Pharma - showing that 10 percent of Ohioans have a medically diagnosed chronic pain condition. Most of the sufferers said they are not receiving satisfactory treatment.

"The long-term prescription of controlled substances makes people nervous," said Heidrich, who worked 25 years as an oncology and hospice nurse.

The Ohio survey is similar to numerous national polls that show large numbers of people suffer from chronic pain.

But Heidrich said she was surprised at the level of pain reported by Ohioans. The average was 5.9 out of 10 on the pain scale. Heidrich noted, for comparison, that most headaches register 1 or 2 on the pain scale.

"That's a real significant level of pain and it's something that needs to be addressed," Heidrich said.

The survey of 100 people cited the top pain conditions as arthritis, back pain, knee pain and fibromyalgia.

The report, commissioned by the Pain Initiative and the Ohio Hospice and Palliative Care Organization, said doctors need better information about pain control and the experiences of patients.

The study can be found on the Web, at www.ohiopaininitiative.org.

National Survey Finds Nearly Half of Public Unaware Prescription Painkiller Abuse is as Harmful as Using Heroin

02/01/2006

PR Newswire

Nearly 40% of Americans know someone who abuses painkillers -- Upcoming Senate Symposium to address opioid dependence medical treatment -

Today, results of a major new national survey of more than 1,500 people provide the first in-depth look at how Americans view opioid addiction -- addiction to heroin or prescription opioid painkillers -- and its treatments. Prescription Painkiller/Heroin Addiction and Treatment reveals roughly half (46%) of the respondents do not understand that prescription opioid painkiller abuse is as harmful as heroin abuse in terms of how it affects the body. The significance of the public's misunderstanding of this danger is underlined by another major survey finding -- nearly 4 in 10 Americans (37%) surveyed know someone personally who has abused opioid painkillers. Reckitt Benckiser Pharmaceuticals Inc. sponsored the survey, conducted by Schulman, Ronca, & Bucuvalas, Inc.

Although abuse of prescription opioid painkillers is beginning to be recognized as a significant aspect of drug abuse in America, to date there are no available data on what the public understands about the disease of opioid dependence (i.e., addiction) and its treatment.

"By illustrating what the American public thinks about opioid addiction and its treatment, this survey does a great service to policymakers and healthcare professionals who seek to educate consumers and bring patients into treatment," said Edwin A. Salsitz, MD, of Beth Israel Medical Center in New York City, and a practicing clinician on addiction and treatment for opioid dependence. "The public is just beginning to understand opioid dependence as a disease. We need to educate consumers about all treatment options, including office-based medical therapy which allows opioid dependence to be treated with the same privacy and discretion that's given to other chronic diseases like diabetes or high blood pressure."

Recent government reports show that nearly 4.4 million Americans abuse prescription painkillers and that opioid painkillers are the fastest growing drug of abuse among teenagers.* This new survey underscores the urgency of educating the public that, as a substance of abuse, prescription opioid painkillers are equivalent to heroin. Even though opioid painkillers such as oxycodone or morphine are appropriately prescribed to treat pain, their abuse affects the brain in the same way, and to the same extent, as heroin.

Other significant survey findings include:

-- Of those surveyed who know someone abusing opioid painkillers, more than 20% report that the abuser is a co-worker.

-- More than half (54%) of those surveyed don't know that opioid addiction is a medical disease, but two-thirds (66%) agree that genetic factors contribute to drug addiction.

-- Survey respondents are most familiar with 12-step, abstinence, and hospital-based treatment programs; only 4% volunteered that medical treatment for opioid addiction is available in doctors' offices.

-- Over three-quarters (76%) of the population surveyed want access to addiction treatment to be made as easy as possible, and 71% agree that opioid-addicted people should be able to receive treatment in a doctor's private office. Although 71% favor in-office treatment, only 55% are comfortable with their own doctor offering such treatment.

-- The public has different racial and demographic stereotypes for people addicted to opioid painkillers compared to those addicted to heroin.

This survey reveals only a basic understanding among respondents of opioid dependence treatment options and virtually no awareness of treating this chronic brain disease in the privacy of a doctor's office.

Patient Attitudes About Opioid Addiction and Treatment

In a related survey, a separate cohort of 57 patients receiving medication for opioid dependence was questioned. Highlights of their responses include:

-- The sociodemographic make-up of the patient cohort includes a plurality (57%) who are employed and another 18% who are either homemakers, students, or retired.

-- Of the patients surveyed, almost all (96%) abused opioid painkillers, 65 % abused heroin, and 61% abused both.

-- A small percentage of patients surveyed (16%) think people can stop using opioids if they want to.

-- Most patients surveyed (91%) say "cold turkey" is not effective in treating opioid addiction.

Upcoming U.S. Senate Symposium

To address key issues related to the medical treatment of heroin and opioid painkiller dependence, Senators Carl Levin (D-MI) and Orrin Hatch (R-UT) will sponsor a Senate Symposium highlighting the success of office-based treatment for opioid dependence using buprenorphine. The date of the Symposium is still to be confirmed.

"The millions of Americans who suffer from opioid dependence deserve access to all available medical treatments," said Senator Carl Levin. "As more physicians become certified to prescribe buprenorphine to treat this devastating disease in their offices rather than a centralized clinic, those afflicted with opioid addiction all across the country will benefit equally from this revolutionary treatment option."

"Just as depression came out of the closet when it was recognized as a treatable brain disease, so should opioid dependence," said Senator Orrin Hatch. "The results we will present at the Senate Symposium underscore the findings of this national attitudinal survey. Clearly, education is the key to increasing awareness and opening up sufficient in-office medical treatment opportunities to help opioid-dependent people manage their disease discreetly and effectively."

About the Survey

The target population for Prescription Painkiller/Heroin Addiction and Treatment is a national sample of 1,503, aged 18 years and older, living in a non-institutionalized setting in the United States. SRBI researchers contacted US households by random digit dialing (RDD) among a geographically stratified sample of telephone banks with working residential telephone numbers. Within households with more than one adult, the designated respondent was selected by the most recent/next birthday. The survey results of the total national sample have a maximum expected margin of error of +/- 2.5 % at the 95% level of confidence. As part of Prescription Painkiller/Heroin Addiction and Treatment, a separate, parallel survey of 57 people being treated with Suboxone(R) (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets for opioid dependence was conducted. Responses of the 57 interviewed patients provide information about their opinions and experiences as persons under treatment for opioid dependence.

Copies of Prescription Painkiller/Heroin Addiction and Treatment are available to download from http://www.srbi.com/national_survey_on_painkillers.html.

* Substance Abuse and Mental Health Services Administration. (2005). Overview of Findings from the 2004 National Survey on Drug Use and Health (Office of Applied Studies, NSDUH Series H-27, DHHS Publication No. SMA 05-4061). Rockville, MD, and National Institute on Drug Abuse, Monitoring the Future Annual Survey: Johnston, L. D. et al. (December 19, 2005). Teen drug use down but progress halts among youngest teens. University of Michigan News and Information Services: Ann Arbor, MI.

About Schulman, Ronca & Bucuvalas, Inc. (SRBI)

SRBI is a full-service global strategy and research organization specializing in public policy and opinion surveys, banking and finance, telecommunications, media, energy, transportation, insurance and health care. Clients include major financial institutions, Fortune 500 companies, federal, state and local governments, foundations and universities. SRBI has an established track record of providing high quality, timely and cost effective research and analysis. In addition to its headquarters in New York City, SRBI has offices in Washington D.C., Florida, New Jersey and West Virginia.

About Reckitt Benckiser Pharmaceuticals, Inc.

Reckitt Benckiser Pharmaceuticals Inc. is a specialty pharmaceutical company that manufactures and markets Suboxone(R) (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets and Subutex(R) (buprenorphine HCl) C-III Sublingual Tablets, formulations of buprenorphine used to treat opioid dependence. Suboxone and Subutex are the only controlled products approved by the FDA under the Drug Addiction Treatment Act of 2000 for office-based treatment of opioid dependence. Reckitt Benckiser Pharmaceuticals Inc. is committed to expanding access to medical therapies for patients suffering from the chronic, relapsing brain disease of drug dependence. For more information, visit <http://www.suboxone.com> or <http://www.opioiddependence.com>. Reckitt Benckiser Pharmaceuticals

Inc. is a wholly owned subsidiary of Reckitt Benckiser PLC, a publicly traded UK firm.

Statement of Fair Balance

Intravenous use of buprenorphine, usually in combination with benzodiazepines or other CNS depressants has been associated with significant respiratory depression and death. Suboxone(R) and Subutex(R) have potential for abuse and produces dependence of the opioid type with a milder withdrawal syndrome than full agonists. Cytolytic hepatitis and hepatitis with jaundice have been observed in the addicted population receiving buprenorphine. There are no adequate and well-controlled studies of Suboxone or Subutex (a pregnancy category C medication) in pregnancy. Due caution should be exercised when driving cars or operating machinery. The most commonly reported adverse events with Suboxone have included headache (36%, placebo 22%), withdrawal syndrome (25%, placebo 37%), pain (22%, placebo 19%), nausea (15%, placebo 11%), insomnia (14%, placebo 16%), sweating (14%, placebo 10%). See full prescribing information for complete information.

Suboxone and Subutex are registered trademarks of Reckitt Benckiser Pharmaceuticals Inc.

Contact: Harriet Ullman
Feinstein Kean Healthcare
hullman@fkhealth.com
817-577-8110

SOURCE Reckitt Benckiser Pharmaceuticals, Inc.

Morgan Lynch | Cohn & Wolfe 292 Madison Avenue
New York, NY 10017 Tel. 212.798.9739 | Morgan.Lynch@mc.cohnwolfe.com